

Form RD 410-8
(Rev. 11-99)U.S. DEPARTMENT OF AGRICULTURE
Rural Development
Farm Service AgencyFORM APPROVED
OMB NO. 0575-0091**APPLICANT REFERENCE LETTER**
(A Request for Credit Reference)

We are considering an application for a loan from the applicant listed below. We would appreciate you giving us the benefit of your knowledge experience with the applicant's credit history so enable us to better evaluate the application.

Please return the original of this form to the requesting office address below. A postage paid envelope is enclosed.

DATE	SIGNATURE AND TITLE NAME	NAME OF AGENCY AND ADDRESS OF REQUESTING OFFICE
NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF APPLICANT		SIGNATURE OF APPLICANT

ALL INFORMATION PROVIDED WILL BE RELEASED TO APPLICANT AT APPLICANT'S REQUEST						
RELATIONSHIP WITH APPLICANT <input type="checkbox"/> EMPLOYER <input type="checkbox"/> LANDLORD <input type="checkbox"/> BUSINESS <input type="checkbox"/> CREDITOR		INDICATE THE NUMBER OF YEARS YOU HAVE DONE BUSINESS WITH APPLICANT				
HIGHEST AMOUNT APPLICANT HAS OWED YOU \$	AMOUNT APPLICANT PRESENTLY OWES YOU \$	APPLICANT'S REPAYMENT SCHEDULE \$ PER <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH	YOUR SECURITY FOR DEBT'S NOW OWED BY APPLICANT			
IS APPLICANT CURRENT IN REPAYMENT TO YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, INDICATE AMOUNT DELINQUENT \$				
RATE APPLICANT'S PROMPTNESS IN MAKING PAYMENTS INDICATE NUMBER OF TIMES PAYMENTS WERE LATE			WOULD YOU EXTEND FURTHER CREDIT TO APPLICANT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<table border="1"> <tr> <td>30 DAYS</td> <td>60 DAYS</td> <td>90 DAYS</td> </tr> </table>				30 DAYS	60 DAYS	90 DAYS
30 DAYS	60 DAYS	90 DAYS				
USE THIS SPACE TO INCLUDE ANY COMMENTS YOU WISH TO MAKE CONCERNING YOUR CREDIT EXPERIENCE WITH APPLICANT						
DATE	TITLE (If a business firm)	SIGNATURE (Your signature acknowledges receipt of statement required by the Privacy Act of 1974)				

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0091. The time required to complete this information collection is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

This certifies that the U.S. Department of Agriculture has complied with the applicable provisions of Title XI, the "Right to Financial Privacy Act 1978" Public Law 95-630 in seeking financial information regarding the above named applicant.

SEE ATTACHED PRIVACY ACT NOTICE

Used by the field office to obtain additional information concerning applicants applying for Agency services. The completed form will be returned directly to the field office in the preaddressed envelope.

(see reverse)

PROCEDURE FOR PREPARATION

: HB-1-3550.

PREPARED BY

: Agency approval official or his/her designee.

NUMBER OF COPIES

: Original and two.

SIGNATURES REQUIRED

: Person making request, person providing information and authorized Agency official.

DISTRIBUTION OF COPIES

: Original and one copy mailed to addressee; addressee to retain copy. Copy retained in field office. When original returned, the form will be filed in the field office case file.

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15. Referral of names, home addresses, social security numbers, and financial information to the Department of Labor, State Wage Information Collection Agencies, and other Federal, State, and local agencies, as well as those responsible for verifying information furnished to qualify for Federal benefits, to conduct wage and benefit matching through manual and/or automated means, for the purpose of determining compliance with Federal regulations and appropriate servicing actions against those not entitled to program benefits, including possible recovery of improper benefits.

16. Referral of names, home addresses, and financial information to financial consultants, advisors, or underwriters, when Rural Development determines such referral is appropriate for developing packaging and marketing strategies involving the sale of Rural Development loan assets.

17. Rural Development, in accordance with 31 U.S.C. 3711(e)(5), will provide to consumer reporting agencies or commercial reporting agencies information from this system indicating that an individual is responsible for a claim that is current.

18. Referral of names, home and work addresses, home telephone numbers, social security numbers, and financial information to escrow agents (which also could include attorneys and title companies) selected by the applicant or borrower for the purpose of closing the loan.

19. Disclosures pursuant to 5 U.S.C. 552a(b)(12): Disclosures may be made from this system to consumer reporting agencies as defined in the Fair Credit Reporting Act (15 U.S.C. 1681a(f)) or the Federal Claims Collection Act (31 U.S.C. 3701a)(3).

INSTRUCTIONS FOR PREPARATION

1. Insert the name and address of person who will be providing information on applicants.
2. Insert current date.
3. Signature and title of authorized agency official is required.
4. Insert name and address of field office.
5. Insert name and address and social security number of applicant.
6. Signature of applicant required, if Form RD 3550-1, "Authorization to Release Information", is not attached.
7. This section is to be completed by person providing information.